



Form

North Dakota Office of State Tax Commissioner

**ND-1 Individual income tax return 2006****003****070, 060  
072, 065  
075  
085****095, 100****Space Required  
for Barcode**

- A. Filing status used** ☐ 1. Single **305\_08** ☐ 4. Head of household  
on federal return: ☐ 2. Married filing jointly ☐ 5. Qualifying widow(er) with  
(Fill in only one) ☐ 3. Married filing separately dependent child  
- enter spouse's name **XXXXXXXXXXXXXXXXXXXX**

- B. School district code:** **305\_10** **Fill in only if applicable:** ☐ Amended  
(See page 17) **305\_12** ☐ Extension

- C. Income source code:** **305\_11** **Were you required to pay** ☐ Yes  
(See page 9) **305\_07** ☒ No  
estimated federal income tax  
for 2006? (See page 9)

Fill in if this is a ☐ (CF)  
**COMPOSITE RETURN**

If fiscal year filer, enter fiscal year end:  
(See page 9)

**XX/XX/XXXX**

- MN/MT RECIPROCAL** **305\_16** ☐ State **305\_17**  
(See page 6)

- D. Federal adjusted gross income** from line 37 of Form 1040, line 21 of Form 1040A,  
or line 4 of Form 1040EZ -----

(SX) D **350**

- 1. Federal taxable income** from line 43 of Form 1040, line 27 of Form 1040A,  
or line 6 of Form 1040EZ (If zero, see page 9 of instructions) -----

(SS) 1 **355**

**Additions**

- 2. Lump-sum distribution from Federal Form 4972** ----- (NA) 2 **360**  
**3. Loss from pass-through entity subject to North Dakota's**  
**financial institution tax (Attach statement from entity)** ----- (NB) 3 **365**  
**4. Adjustment to federal taxable income, if claiming**  
**planned gift credit (From Schedule PG, line 17)** ----- (NK) 4

- 5. Add lines 1, 2, 3, and 4** ----- 5 **370**

**Subtractions**

- 6. Interest from U.S. obligations** ----- (SN) 6 **375**  
(Attach supporting statement)  
**7. Net long-term capital gain exclusion** ----- (NC) 7 **380**  
(From worksheet on page 10 of instructions)  
**8. Exempt income of a Native American** ----- (S4) 8 **385**  
**9. Benefits received from U.S. Railroad Retirement Board** ----- (S5) 9 **390**  
(Attach copy of Form RRB-1099, RRB-1099-R, or both)  
**10. Income from pass-through entity subject to North Dakota's** ----- (S6) 10 **395**  
**financial institution tax (Attach statement from entity)**  
**11. Renaissance zone income exemption** ----- (S7) 11  
(Attach Schedule RZ)  
**12. New or expanding business income exemption under** ----- (NH) 12 **400**  
N.D.C.C. ch. 40-57.1 (Attach supporting statement)  
**13. National Guard/Reserve member federal active duty** ----- (NI) 13 **405**  
**pay exclusion (Attach copy of mobilization orders)**  
**14. Nonresident only: Servicemembers Civil Relief Act** ----- (NJ) 14 **410**  
**adjustment (See page 11 of instructions)**  
**15. Human organ donor expense deduction** ----- (NL) 15 **415**  
(Attach supporting statement)

- 16. North Dakota taxable income.** Subtract lines 6 through 15 from line 5.

If less than zero, enter 0 ----- (ND) 16 **420**

- 17. Tax -** **► If a full-year resident,** enter tax from Tax Table on page 18 of instructions.  
If you have farm income, see page 12 of instructions.

- If a full-year nonresident or a part-year resident,** enter tax from  
Schedule ND-1NR, line 21. ----- (SB) 17 **425**



18. Enter your **tax** from line 17 of page 1 ----- 18 **430**

**Credits**

19. Credit for income tax paid to another state  
(Attach Schedule CR) ----- (SD) 19 **435**

20. Family member care credit (Attach Schedule FC) ----- (S2) 20

21. Renaissance zone credit (Attach Schedule RZ) ----- (S3) 21

22. Ag commodity investment credit (from worksheet on page 11  
of instructions) (Attach copy of investment reporting form) --- (NE) 22 **445**

23. Seed capital investment credit (from worksheet on page 12  
of instructions) (Attach copy of investment reporting form) --- (NG) 23 **450**

24. Credit for planned gift to qualified North Dakota nonprofit  
organization. (Attach Schedule PG) ----- (NM) 24

25. Credit for biodiesel fuel supplier (Attach supporting statement) (NN) 25 **455**

26. Credit for biodiesel fuel seller (Attach supporting statement) -- (NO) 26 **460**

27. **Net tax liability.** Subtract lines 19 through 26 from line 18. *If less than zero, enter 0* --- (SE) 27 **465**

**Withholding and/or tax already paid**

28. North Dakota withholding (Attach W-2s, 1099s, and K-1s) ---- (SF) 28 **470**

29. Estimated tax paid, including extension payment on 2006  
Form 400-EXT and overpayment applied from 2005 return --- (S&) 29 **475**

30. Total payments. Add lines 28 and 29 ----- 30 **480**

**Refund**

31. **Overpayment** - If line 30 is MORE than line 27, subtract line 27 from line 30 and enter result;  
otherwise, go to line 36. *If result is less than \$5.00, enter 0* ----- (SG) 31 **485**

32. Amount of line 31 that you want applied to your 2007  
estimated tax ----- (SQ) 32 **490**

33. Amount of line 31 that you wish to contribute to the Watchable  
Wildlife Fund ----- (SP) 33 **495**

34. Amount of line 31 that you wish to contribute to the Trees  
For ND Program Trust Fund ----- (SW) 34 **500**

35. **Refund.** Subtract lines 32 through 34 from line 31. *If result is less than \$5.00, enter 0* -- (SR) 35 **505**

To **direct deposit** your refund, complete items a, b,  
and c. (See page 15.)

a. Routing number: **030**

b. Account number: **035**

c. Type of account:  
☐ Checking **040**  
☐ Savings **048**

**Tax Due**

36. **Tax due** - If line 30 is LESS than line 27, subtract line 30 from line 27 and enter result.  
*If result is less than \$5.00, enter 0* ----- (SZ) 36 **510**

37. Amount that you wish to contribute to the Watchable  
Wildlife Fund (but only if there is a tax due on line 36) ----- (SU) 37 **515**

38. Amount that you wish to contribute to the Trees For ND  
Program Trust Fund (but only if there is a tax due on line 36) - (SY) 38 **520**

39. **Balance due.** Add lines 36, 37, 38, and, if applicable, line 40.  
Pay to: **ND State Tax Commissioner** ----- 39 **525**

40. Interest on underpaid estimated tax from Form 400-UT ---- (SO) 40 **530**

I declare that this return is correct and complete to the best of my knowledge and belief.

Privacy Act - See inside front cover of booklet.

Your signature	Date	Your daytime phone number <b>115</b>
Spouse's signature	Date	
Paid preparer signature	EIN/SSN/PTIN <b>050</b>	Date
Print name of paid preparer	Phone no.	

☐ I authorize the ND Office of State Tax Commissioner to  
discuss this return with the preparer identified below.

OPR ☐

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